IOBBYING EXPENDITURE REPORT  COVERING JANUARY 1 THROUGH JUNE 30  DUE AUGUST 15  COVERING JULY 1 THROUGH DECEMBER 31  DUE FEBRUARY 15	Lobhyist's Registration Number  FOR OFFICE USE ONLY Postmark Date: 1/30/02
Instructions  Print in juk or type.  Fill in Registration Number in spaces provided.  Complete form and return to the Board of Ethics, \$401 United Plaza Blvd.,	t-Ra
Suite 200. Baton Rouge, LA 70809 (225) 922-1400.  This form most be delivered or postmarked by the due date.  This form may be faxed to (225) 922-1414. The original should be forwarded on the day of fax transmittal.	1020493
1. Name DOCAS KARCN E	- MI
2. Business Address 21266 Hwy. Onc. Blog 75	306 Plaguemung LA 7076
Mailing Address, P.D. Box 150, Plaguemin	
3. Business Phone 725-353-6111 Area Code and Telephone Number	
Total of all expenditures made January 1 through June 30:     S (Include expenditures from Schedules A and B)	- 0 -
5. Total of all expenditures made July 1 through December 31: \$ (When Applicable) (Instude expenditures from Schedules A and B)	O
6. Total of all expenditures made during calendar year: \$_ (Line 4 aided with Line 5 should equal Line 6)	O
7. Did you make an expenditure exceeding SSO on one occasion for	any one legislator:
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From January 1 through June 30?  Yes No From July 1 through December 31? Yes No	D NA

## LOBBYING EXPENDITURE REPORT

199 Lobbyist's Registration Number

8.	<ol><li>Did you make expenditures exceeding the sum of \$250 for any one legislator;</li></ol>	
	From January 1 through June 30?	
	If the answer to either question in Number 8 above is YES, please complete Schedule A and attach.	
9.	9. Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?	
	□ Yes 📜 No	
	If the answer to Number 9 above is YES, please complete Schedule B and attach.	
	CERTIFICATION OF ACCURACY	
	I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by the Labbyiet Displaceure Act [1.S.A.R.S. 24:50 et sea l. has been deliberately	

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omitted.